KARNATAKA STATE AKKAMAHADEVI WOMEN'S UNIVERSITY
VIJAYAPURA

SYNOPTIC NOTE OF RESEARCH WORK

"Child Marriage and Reproductive Health:
A Sociological Study in Vijayapura District"

Submitted to the Karnataka State Akkamahadevi Women's University
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1. INTRODUCTION:

Early and child marriage has been a prevalent practice at different points in the history of almost all societies around the globe, including Europe, the United States and the Middle East. The contemporary practice of child marriage in India receives social, religious and economic sanctions. It is rooted in rigid societal norms and serves perpetuate long standing social inequalities and power structures. More broadly, child marriage reinforces existing inequalities between men and women and among different economic classes, castes, and religious and ethnic groups. (https://en.wikipedia.org/wiki/child-marriage)

Child Marriage is outlawed in many developing countries and a series of international agreements and covenants also forbid the practice, despite a global consensus the practice continues because of insufficient resources, lax enforcement of laws and grained cultural traditions. At the international level, the Universal Declaration of Human Rights (1948) recognizes the right to "free and full" consent to marriage and determines that this standard is not met when a person is not mature enough to make an informed decision. (B.Parimala 2013)

Child marriage has existed for centuries, mainly because of tradition but also due to poverty. In early days parents used to arrange the betrothal of their infant children as a means of using two families. In present days the practice of early marriage is common in rural areas of where prospects for girls are few. The would-be brides have no say in the matter as guardians or other family members agree on the marriages and girls have no decision-making options. Often girls are married early to provide protection security and the support of a male guardian. The question of honour is considered by parents and relatives. Who may want to make certain the girls are married early to grooms approved by the families. (TaheraAhmed2015)

Child marriage means a marriage to which either of the contracting parties is a child. Child mead a person who if a male, has not completed twenty-one years of age, and if a female, has not completed eighteen years of age. Many a times, in discussion and discourses, terms like early marriages, or forced marriages are also used to descried child marriages. Early marriage describes a marriage that occurs prior to the age of marriage recognised by law and the term forced marriage `highlights the lack or incapacity to give consent on the part of child contracting party to marriage, due to minority. Dr Vandana 2017

A number of social, economic and health outcomes are associated with early marriage. For example, early marriage tends to curtail young women's educational opportunities, and those who marry early tend to have low levels of educational attainment. Likewise, studies in diverse setting have found that females who marry at young ages may be less capable than those who marry later of asserting themselves in their marriage, which may place them at higher risk of experiencing physical and sexual violence. Moreover, early marriage typically coincides with early childbearing – and young first-time mothers face an increased risk of maternal and infant mortality. In addition, emerging evidence suggests that early marriage may place young women heightened risk for Sexual Transmitted Disease (STIs,) including HIV While the situation of young married women in has been increasingly documented. Evidence on the ways in which early marriage may limit young women's lives and compromise their reproductive health and choices is limited. Specifically, little is known about whether marriage practices, including young women's involvement in spouse selection, differ between women who marry early and those who marry late. Similarly, little is known concerning the possible links between age at marriage and power in marital relationships, spousal communication and interaction, self-efficacy and gender-role attitudes, finally evidence on the extent to which sexual and reproductive practice vary by age at marriage is also somewhat limited, although not to the same extent as for the outcomes highlighted above. (K. G. Santhya, et.al 2010.)

Therefore, it was found that the child marriage directly impacted the girls rather than the boys. The major consequences of child marriage were isolation and depression, risk of sexually transmitted infection and cervical cancer, risk during labour and deliver and risk of infants. It has strong physical, intellectual, psychological and emotional impact, cutting off educational opportunities and chances of personal growth for girls.

The health impact of such a retrograde practice as child marriage over the years, been very well documented and the readings are alarming as it has far-reaching effects on the reproductive health of girls throughout their lives. Seen in this context, the lack of awareness is a matter of concern to all. The poor nutritional status of adolescent girls in India is well documented. It is found that adolescent pregnancy is currently a significant public health problem.

The early marriage of children, particularly of the girl child, is not an uncommon practice in over 40 countries, mainly in Sub-Sahara Africa and South and South East Asia,

including India. Pakistan and Bangladesh. A significant number of these countries and signatories to various international conventions and have guaranteed various rights for children and women, including the prescription of the legal minimum age at marriage of 18 years. (NATIONAL INSTITUTE OF PUBLIC COOPRATION AND CHILD DEVELOMENT 2008)

The Problem of child marriage in India is a complex one because religious traditions, social practices, economic factors and blind belief. Since there are no references available of child marriage in ancient India. It is difficult to trace the origins of the practice. In a few communities in the northern state, child marriage is more prevalent than in the south. Though there are no recorded references on where the practice of child marriage really originated. There are evidences to show that ancient scriptures early marriage. (Bridkar, Sudheer on Child Marriage at www.vivaaha.org/child.htm).

The reference to child marriage in a study (Bhat; etal) refers to a school of thought which attributes the advent of the practice of child marriage to the advent of different formsof culture that came in from the northern borders. These might have influenced various communities to resort to early marriages, perhaps as a defence against their girls being abducted by invaders. (NIOPCACD 2008) A Study on Child Marriage in India: Situation Analysis in Three States

The incidence of child marriage was restricted to a few communities in the northern stats as child marriage is more prevalent their than in the south. Perhaps it was the advent of different forms of culture that come in from the northern borders which influenced various communities to resort to early marriages.

Child marriage in India is rooted in gender inequality, including patriarchal social norms that value women less than man consider married women and girls to belong to their husband's family. Further child marriage is also linked to barriers in access to education, concerns about girl's safety, and the view that women are an economic liability, a belief fuelled in part by practices such as dowry and the high cost of weddings as well as the undervaluing of women's work which is typically done in the home. The planning Commission of India has recognized the complex causes of child marriage to include, the growing insecurity of girls and increasing violence against them, adolescent pregnancy resulting from sexual ignorance and neglect, increasing drop outs from post-primary schooling due to various reasons and deep

neglect of the physical and cultural development of girls, with no provisions for games/ sports health entrainment and reading facilities.

2. STATEMENT OF THE PROBLEM:

The subject selected by the researcher after doing the through critical review of literature related to the concerned area of interest and then indeed discussion with the research supervisor come to final selection of the topic entitled **"Child Marriage and Reproductive Health", A: Sociological Study in Vijayapura District.**

3. CONCEPTUAL FRAMEWORK:

- **Child Marriage:**

Child marriage is complex subject under Indian law. Child Marriage in India, according to the Indian law is a marriage where either the women is below the age of 18 or the man is below the age of 21.

- **Reproductive Health:**

Reproductive health indicates life-long, wide ranging health not only limited to the health of women of reproductive age groups from 15 to 49. It also points out the importance of women being able to control their health from the perspective of the human life cycle instead of being careful only during the period when they have children. (Approach for Systematic Planning of Development Projects/Reproductive Health)

4. OBJECTIVES OF THE STUDY AS FOLLOWS.

1. To know the child marriage practice in the study region.
2. To know the socio-cultural factors of child married women in Vijayapura district.
3. To know the socio-economic factors of child married women in Vijayapura.
4. To understand the reproductive health status and condition of the child married women.
5. To find out socio-economic factors of reproductive health among the respondents.

5. HYPOTHESES:

1. Annual income of the family affect on number of visits to health care center
2. Less education affects on Reproductive health problems
3. Child marriage affects on their first child birth

4. Number of abortions increase in child marriage

5. Age at marriage associated with reproductive health problems

6. NEED FOR THE STUDY:

The consequences of child marriage and reproductive are far wider than just their impact on the individual children affected. The marriage of children has negative effects on families and societies. The practice thrives on poverty and impacts adversely on a country's health and education sectors. Young brides and young mothers are overlooked and invisible in national policy and programmers on health, education employment and overall empowerment of women. Child marriage is often associated with multiple health hazards like reproductive health issues. This is because young brides have limited access to, and use of contraception and reproductive health services and information. In this way, the child marriages are more in this study area, hence the present study is made to assess the child marriages and its impact in the study area. The study is considered significant, as it provides a different prospective to the studies done on child marriages.

Only few studies have been done in the field of child marriage. This study has a Reproductive health perspective child health their future is an interlinking social aspect, subsequently an attempt is made has to understand child marriages and a social problem. The study is significant. As it has highlighted the problem of child marriages particularly among rural women. The study is significant because it brings out suggestions to eradicate and create aware among the local people about child marriages and their effects.

7. SELECTION OF THE SAMPLE:

The present study in an empirical in nature. Vijayapura district of Karnataka state is selected 3 talukas as universe for the study. Simple random sampling method is used to select the samples from in these taluks, 1) Vijayapura 2) Sindagi and 3) BasavanaBagewadi. In each taluka researcher have selected 5 villages were selected using random sampling technique. Hence the total sample consists of 400 child married women. A child married rural women is unit of the study.

- **Scope of the Problem**

The present study entitled "Child Marriage and Reproductive Health: A Sociological Study in Vijayapura District" At present study, Vijayapura district will be taken into

consideration for analysis of data. The proposed research will conduct in Vijayapura district and includes three talukas, Vijayapura, Sindagi, and Basavana Bagewadi, rural area of these talukas of Vijayapura district. The researcher chosen Child married women's as sample.

8. TECHNIQUES OF DATA COLLECTION:

The present study involves both primary and secondary data collection methods. Secondary data is collected from relevant books journals, NGOs Reports and Government Reports, websites. Primary data is collected by interview scheduled. In the present study, the qualitative information is obtained during the interview, using interview schedule. The information obtained from the structured interview schedule was edited carefully. The collected data has been processed through SPSS package. Simple percentage method, Chi square, correlation will be used for data analysis.

1. Primary data:

The present study is mainly based on primary data. Interview schedule has been adopted to derive the related data from the respondents. The interview schedule is divided into 4 parts. They are 1) Socio-economic Profile, 2) Constitutional awareness, 3) Factors of Child Marriage and 4) reproductive Health.

2. Secondary data:

The secondary data was collected by books, national and international journals, national and international censuses and population projections, national and sample survey reports, journals on social gerontology, magazines, newspapers, articles, and web sites, National Family Health Survey, Government reports, Census report, District Human Development Report, 2005, Vijayapura District Human Development Report, 2014 etc. were used to completion of this research work.

9. DATA ANLYSIS TECHNIQUES:

In the present study, the qualitative information obtained during the interviews, using a pre-coded questionnaire. Quantities information obtained from the structured interview schedule was edited carefully. The data were processed by SPSS package. Analysis of quantitative information consisted of producing simple frequency, statistical technique of Chi-square is calculated. The bivariable and multi variable tables are supported by Chi-square techniques.

10. LIMITATION:

1. The study is delimited to child married rural women only, below 35 age women's only.
2. The study is delimited to Vijayapura District. (Karnataka). three talukas 1) Vijayapura 2) Sindagi 3) Basavana Bagewadi.

11. CHAPTERIZATION:

The study consists of the six chapters they are as follows.

1) Research Design
2) Review of Literature
3) An overview of Child Marriage
4) Child marriage and Reproductive Health
5) Child marriage and Reproductive health awareness of child married women
6) Findings, Conclusion and Suggestion

12.References

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3) Pauline Kolenda: Caste Marriage and Inequality
4) K. H. Prabhu: Law relating to Women and Child, 2002.
5) Vijayapura District Human Development Report 2014.